

Name
in
Full

Mateline Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month Dec	Day 18	Years 52	Months	Days
Sax	Funeral	Color or Race	Blond	Birth-place	Salisbury	
Occupation	Housework					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	James Bailey					
Mother's Maiden Name	Eliza J. Smith					
Name of person giving Information	How related to deceased					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

81

How long

Primary

Constriction of Aorta

1 year.

Immediate

Heart expansion

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Robert Camp Rock
Paslow, Md.

Accident or Suicide

No.

Dr Shew,
23 October Sunday
Hannington

Name
in
Full

Peter Blackworee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Year	Months	Days
Sex	Color or Race		Birth-place		Talbot Co	
Occupation	Where Residing if not at place of death			✓		
Married, Single or Widowed	Name of Wife or Husband	Fannie Blackworee				
Father's Name	Peter Blackworee			Father's Birthplace	Talbot Co	
Mother's Maiden Name	Elizabeth Black			Mother's Birthplace	Hofftown	
Name of person giving information	Chas H. Mackay			How related to deceased	None	

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	1908	Signature of Physician
		Address
Incident or Suicide?		

Dr Davis

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908 Dec	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Birth- place			
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

93

How long

6 days.

How long

4 days.

PHYSICIAN
OR CORONER

Primary

Septic Pneumonia

Immediate

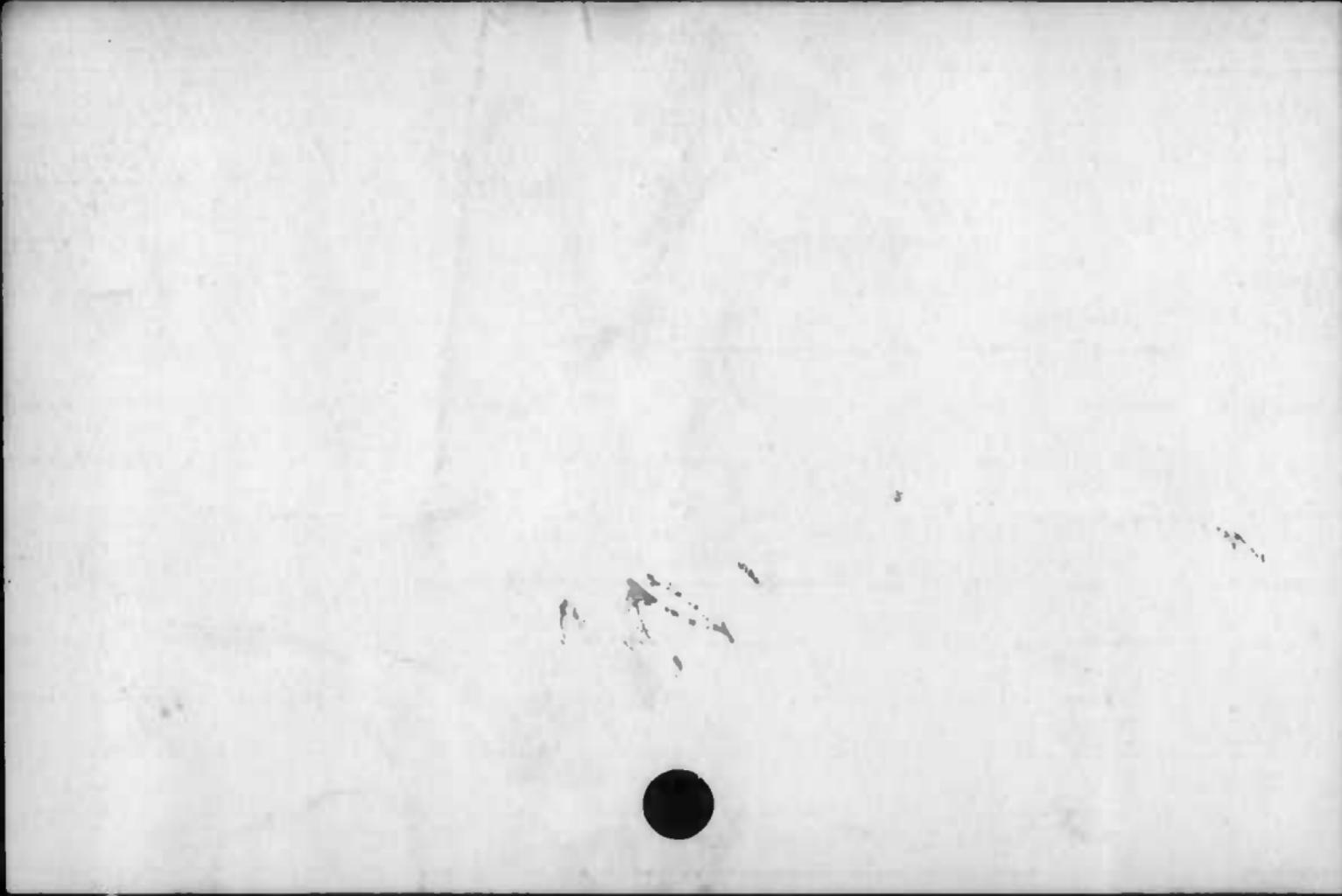
Cerebrospinal Meningitis

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Carroll, C. Bridges

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at	Bozmanne	Talbot.	
Date of death	1908 Dec 18	Day	Years
Sex	Male	Color or Race	Age 29
Occupation	Dystopian		
Where Residing If not at place of death	Some		
Married, Single or Widowed	Married	Name of Wife or Husband	Frances Bridges
Father's Name	Thomas F. Bridges		
Mother's Maiden Name	Elvoral E. Ball		
Name of person giving information	Mrs. Thomas Coopron		
Father's Birthplace	Talbot Co.,		
Mother's Birthplace	Talbot Co.,		
How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever.

1

How long

8 weeks,

Immediate

Are the name, age, sex, color, date and place correctly given above?

3

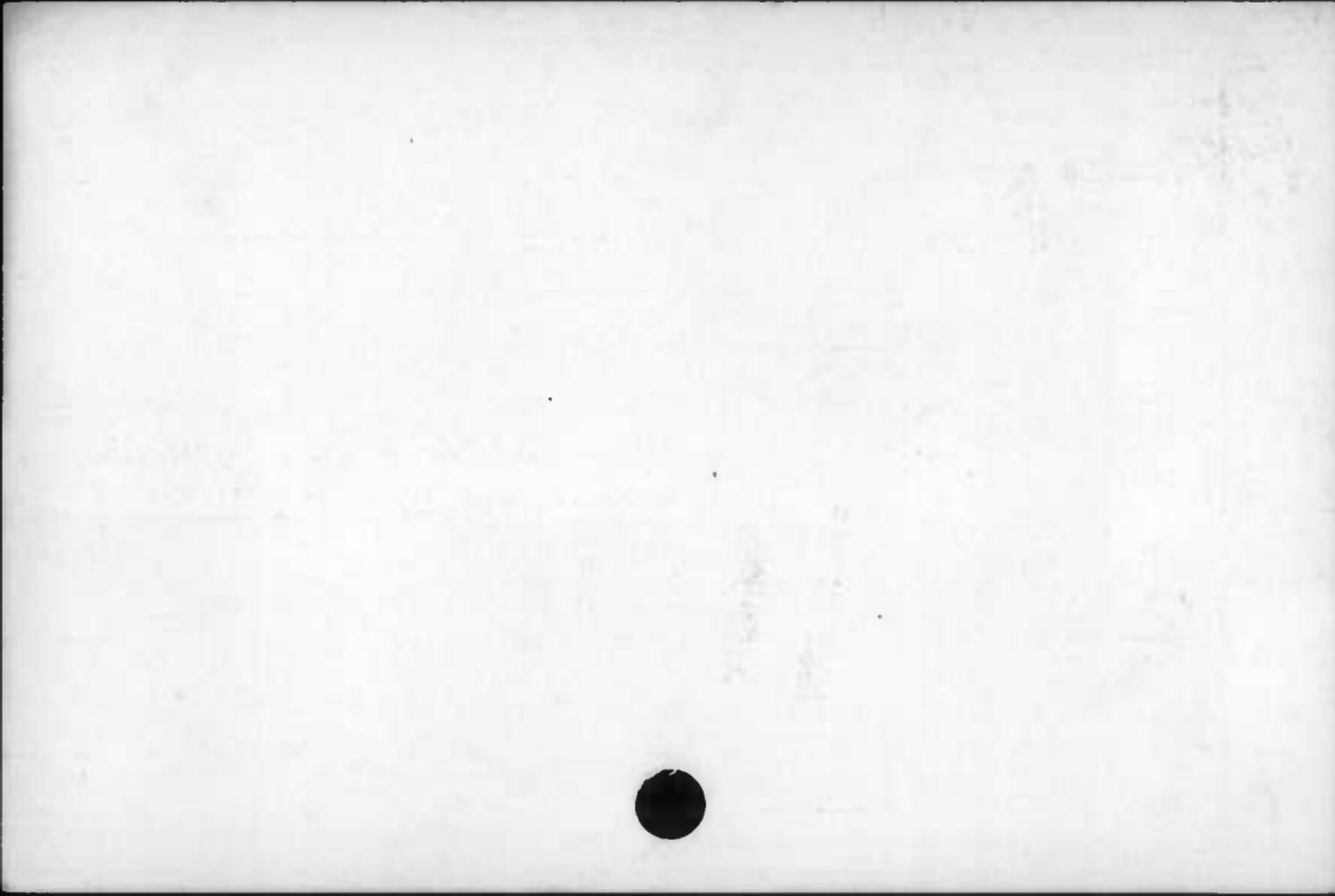
Signature of Physician

Address

Dr. J. B. Sutliff,
R. S. Michael,

Accident or Suicide?

No



Name
in
Full

John H. Brummel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Hopkins Neck	Talbot			
Date of death	1908 Dec.	Month	Day	Years	Months	Days
			8	Age 24	11	2
Sex	Male	Color or Race	Col	Birth-place	Talbot Co.	
Occupation	Laborer					Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Talbot Co., Ind.	
Father's Name	Murray L. Brummel			Mother's Birthplace	Talbot Co. Ind.	
Mother's Maiden Name	Rachel A. Moore			Name of person giving Information	How related to deceased	Father
	Murray L. Brummel				27	How long

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phtisis Pulmonalis

Immediate

Ashtenia

Are the name, age, sex, color, date and place correctly given above?

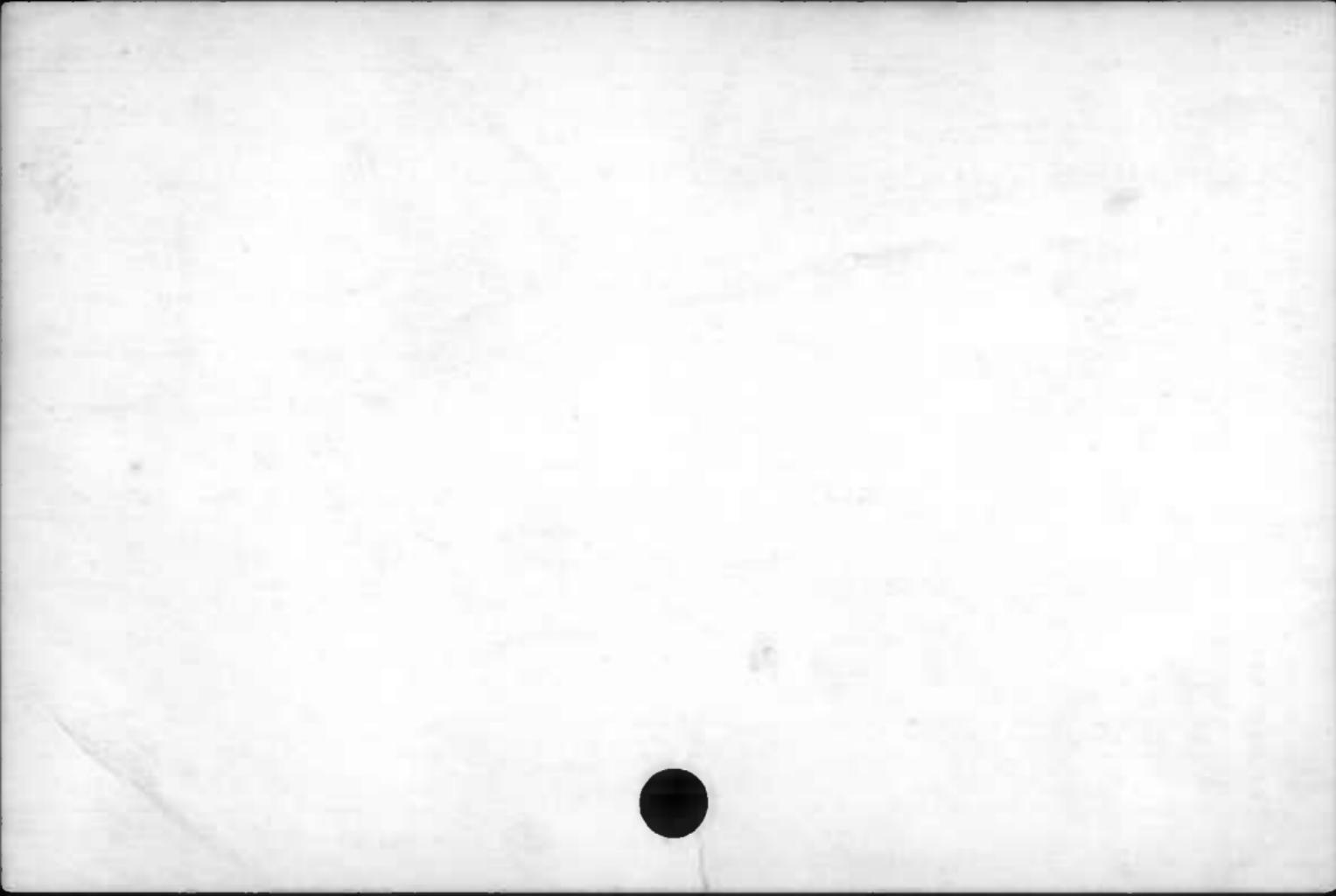
Yes

Signature of Physician

Address

Jemal L. Tripp
Royal Oak, Md

Accident or Suicide



Name
in
Full

Elizabeth Burke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		St. Michaels	Talbot			
Date of death	1908	Month	Day	Years	Month	Days
Sex	Female	Color or Race	Black	Age	abt 59	
Occupation	House-work			Where Residing if not at place of death	Talbot 60 Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Addison Burke			
Father's Name	Burke's Smith			Father's Birthplace	Bay Side	
Mother's Maiden Name	Betty Johnson			Mother's Birthplace	St. Michaels	
Name of person giving Information	Addison Burke			How related to deceased	Husband	

CAUSES OF DEATH

123

Primary

Ulcer and Catarrh of bladder

How long

2 yrs

Immediate

Genl Atherosclerosis

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

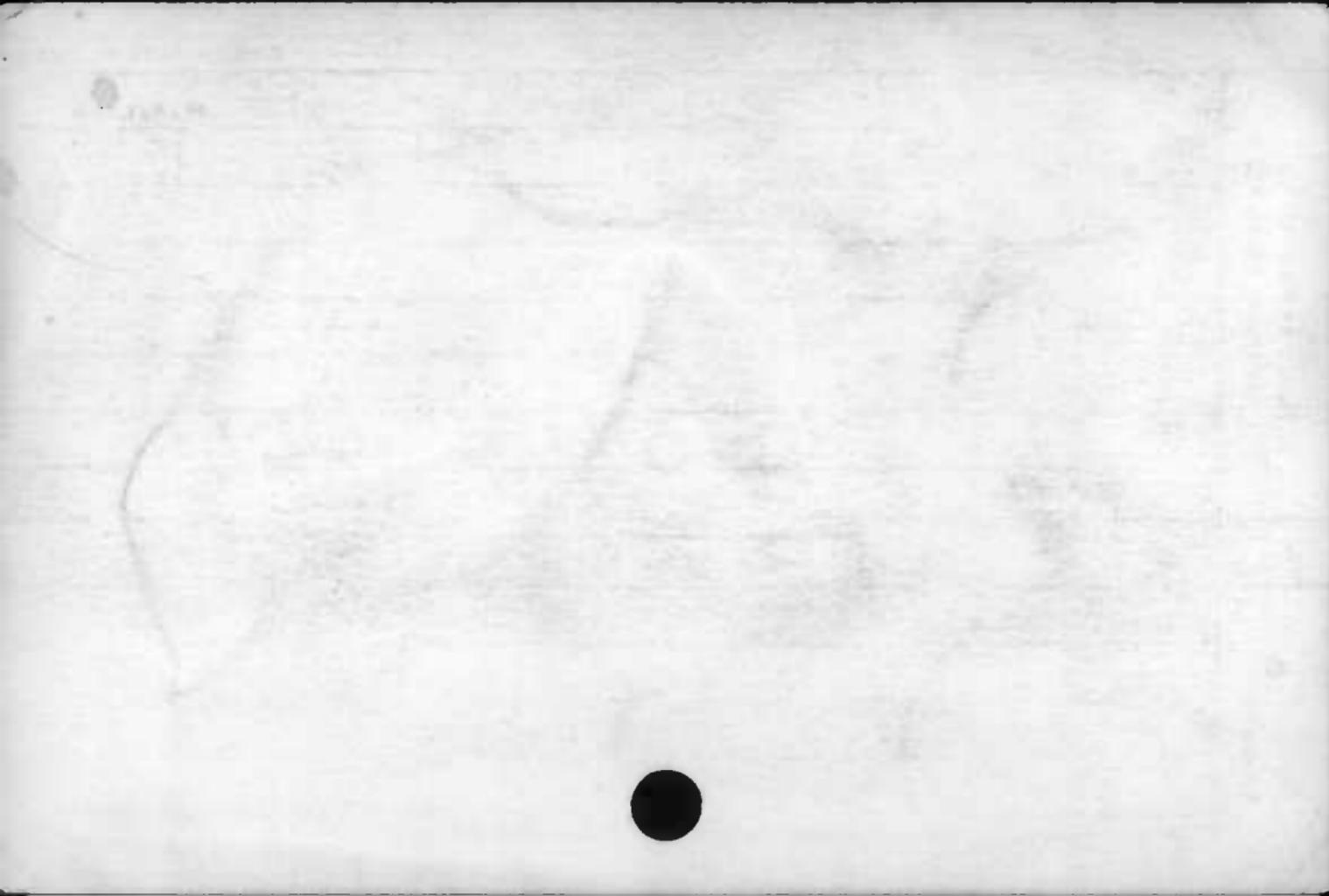
Address

A. B. Glascock

St. Michaels Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

James E Larson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Talbot				
Date of death	Month	Day	Years	Months	Days
1908	Dec	3	7	4	2
Sex	Male	Color or Race	Black	Birth-place	Easton Md
Occupation				Where Residing if not at place of death	X
Married, Single or Widowed	X	Name of Wife or Husband	X	Father's Birthplace	Talbot
Father's Name	John Larson			Mother's Birthplace	Talbot
Mother's Maiden Name	Mag Elm Seth			How related to deceased	Father
Name of person giving information	John Larson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Found dead in Bed

Immediate

No signs of foul play

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

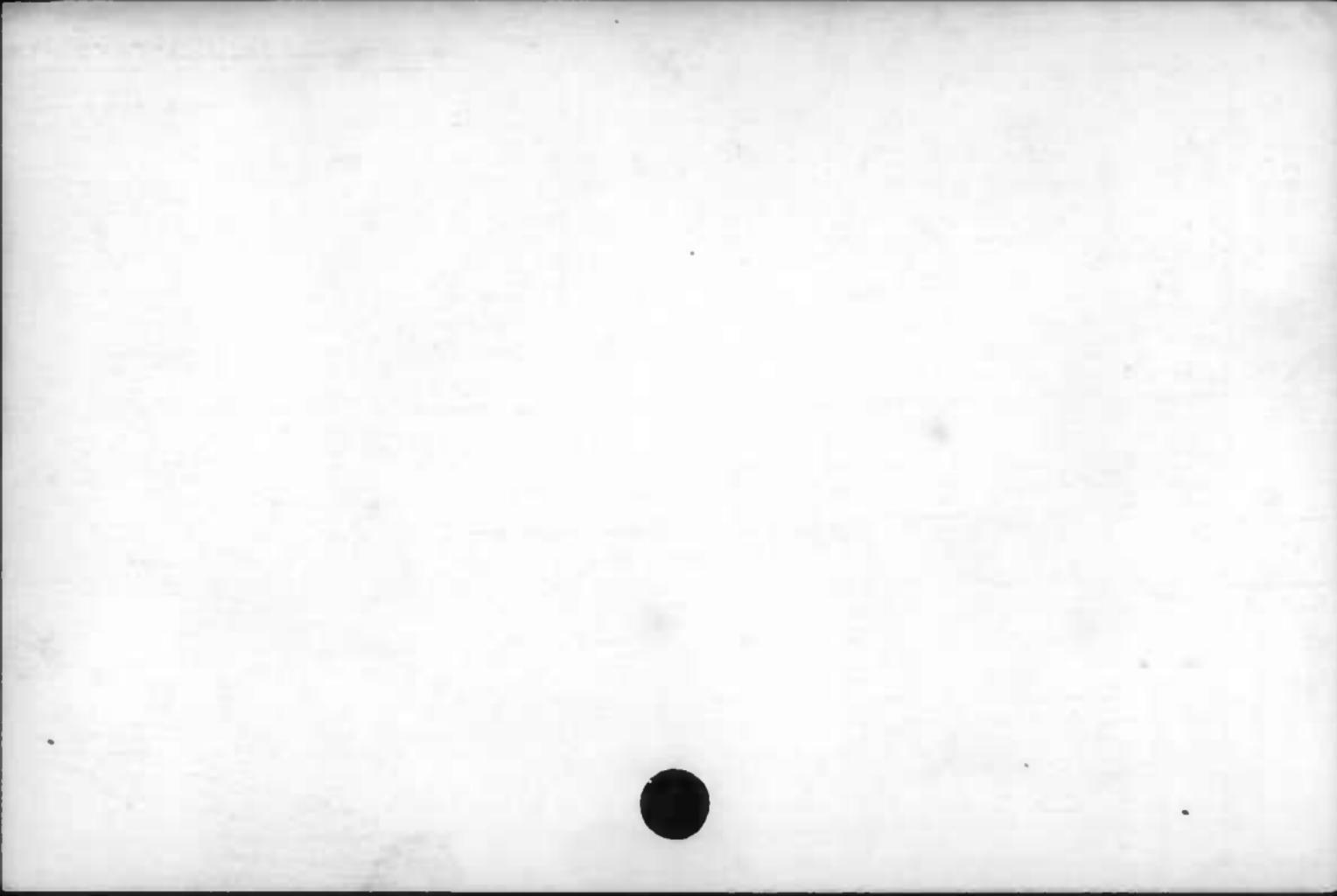
179

How long

How long

John B Fairbank
Coroner

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County									
		Easton	Talbot									
Date of death	1908	Month	Dec	Day	17	Age	24	Years	2	Months	1	Days
Sex	Male	Color or Race	Black		Birth-place	Talbot						
Occupation	Labor		Where Residing if not at place of death									
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Talbot						
Father's Name	Geo Basson				Mother's Birthplace	Talbot						
Mother's Maiden Name	Agnes Lohr				How related to deceased	Mother						
Name of person giving Information	John Basson											

CAUSES OF DEATH

Primary

Tuberculosis
Exhumerus

27

How long

Immediate

4 hours

1 month

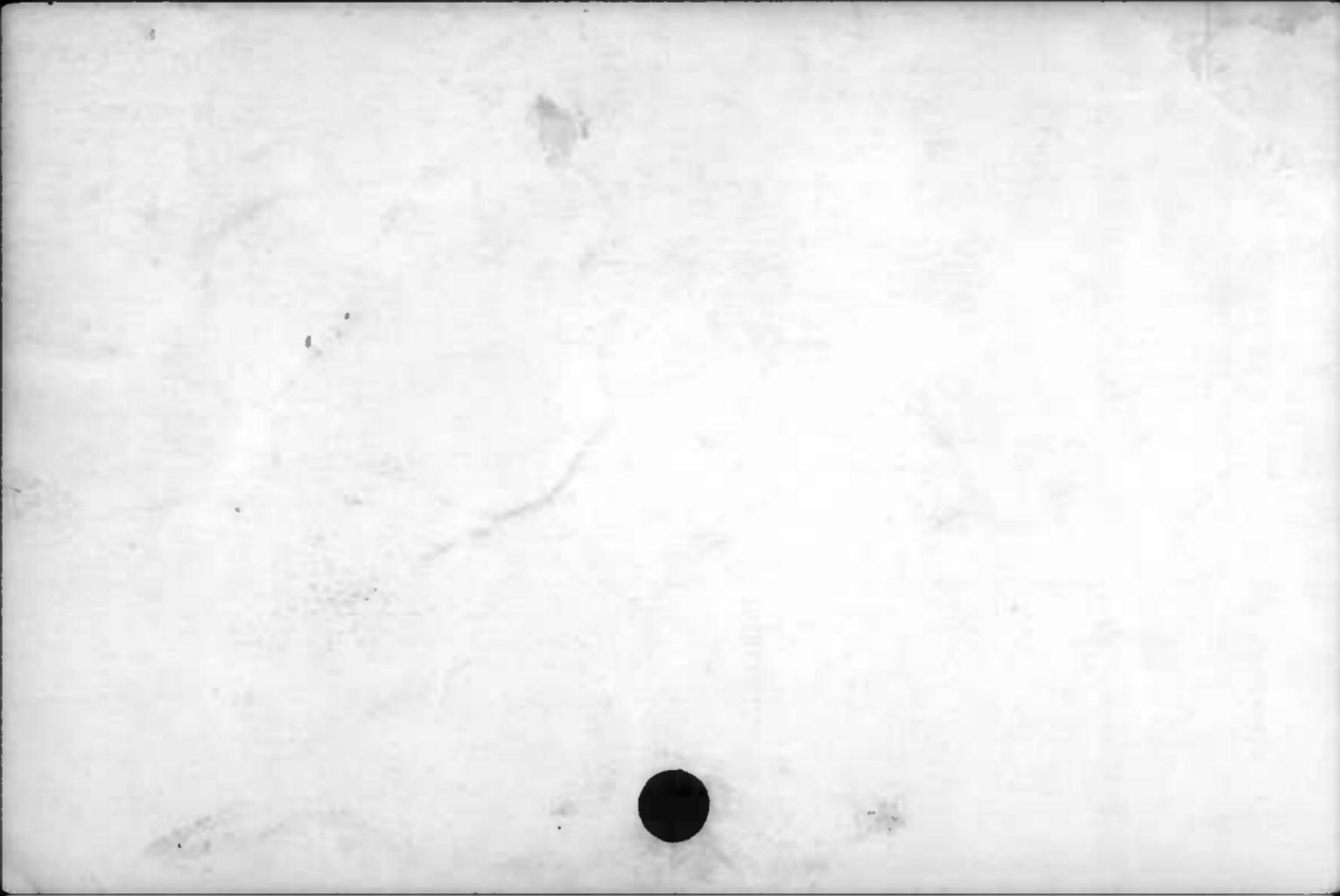
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

Accident or Suicide



Name
in
Full

Reetta E. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Easton		Jalby				
Date of death	1908	Month Dec	Day 25	Years Age	70	Months X
Sax	Female	Color or Race	white	Birth- place	DE	Days
Occupation	Housewife					Where Reiding if not at place of death
Married, Single or Widowed	Widow	Name of Wife or Huaband	Reetta Collins			
Father's Name	Oscar E. Guy					Father's Birthplace
Mother's Maiden Name	Patricia Bellamy					Mother's Birthplace
Name of person giving Information	Mrs. Sarah E. Wanglof					How related to deceased

CAUSES OF DEATH

Primary	Infirmities of old age with slight fever	How long	2 months
Immediate	acute diarrhoea	How long	1 week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

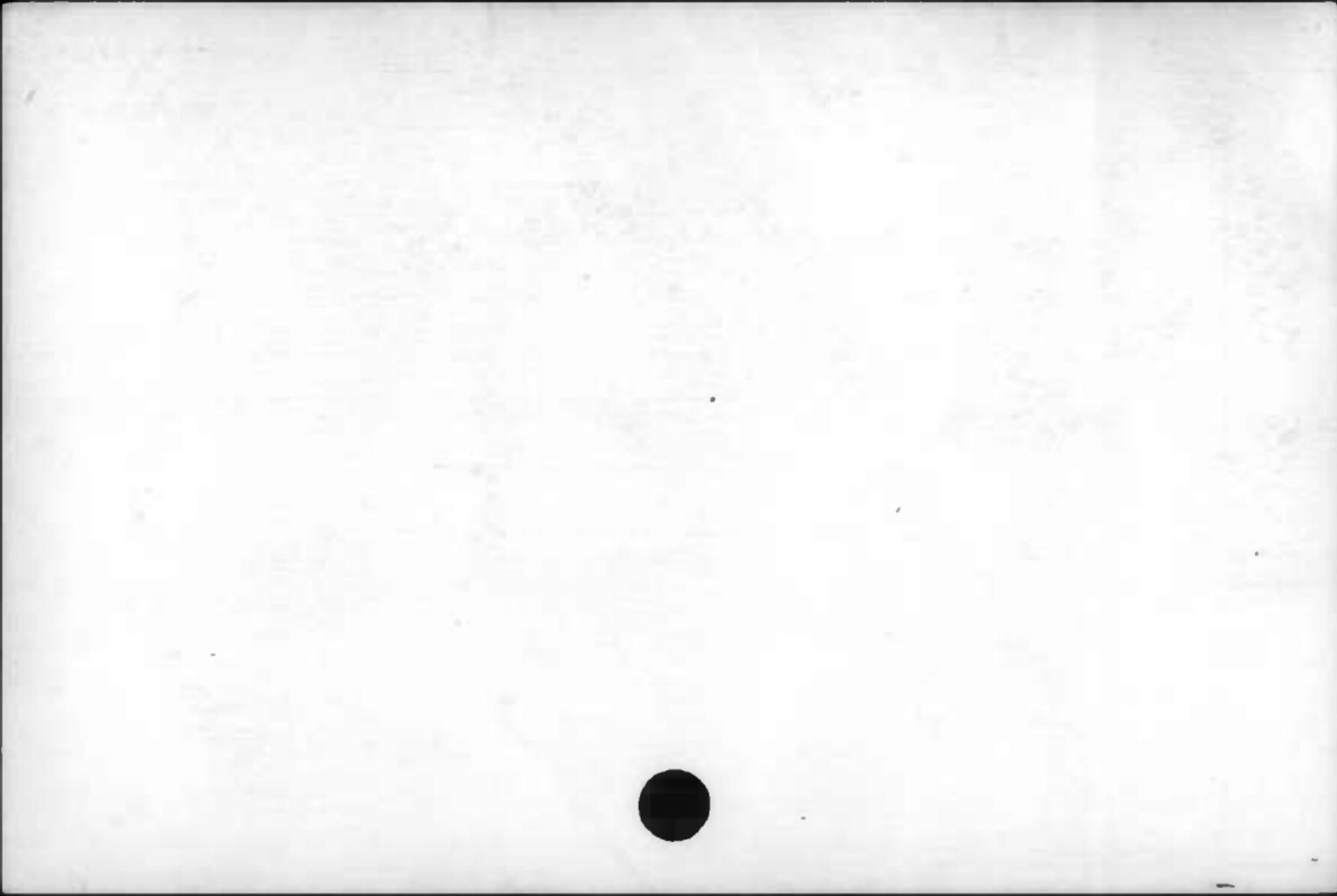
Address

E. R. Dreise

Easton

MD

Accident or suicide



Name
in
Full

Annie Cooper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>McDaniel</u>		Town <u>Talbot</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>9th</u>	Years <u>Age 49</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birthplace <u>Talbot Co.</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>McDaniel</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John R. Cooper</u>				
Father's Name <u>Ashley Ridout</u>	Father's Birthplace <u>Talbot Co.</u>				
Mother's Maiden Name <u>Henrietta Wells</u>	Mother's Birthplace <u>Talbot Co.</u>				
Name of person giving information <u>Nellie Trott</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

50

How long

Several months

How long

one week

Primary Diabetes Mellitus

Immediate Heart asthma

Are the name, age, sex, color, date and place correctly given above?

yes

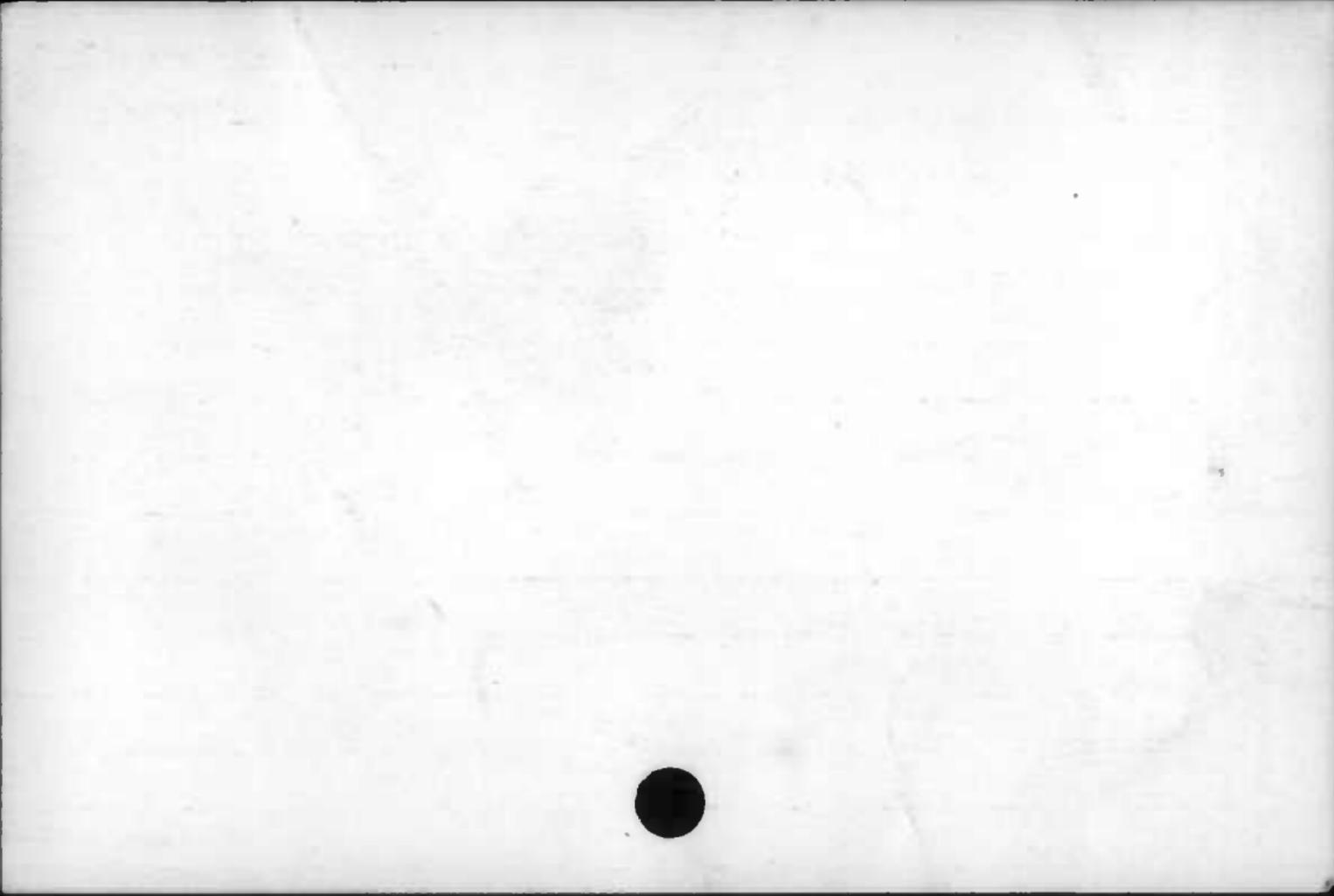
Signature of Physician

Theo. A. Schaefer M.D.

Address

St Richards, Md

Accident or Suicide?



Name
in
Full

John W. Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

St Michaels

County

Talbot

MARYLAND

Date
of death

190

Month

8 Dec

Day

14

Years

78

Months

9

Days

2

Age

Sex

Male

Color or
Race

White

Birth-
place

Dorchester Co. Md.

Occupation

Real Estate Agent

Where Residing If not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Maria Josephine Denny Dean

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Padie M. Dean

How related
to deceased

Daughter

CAUSES OF DEATH

79

How long

6 mo.

How long

—

Primary

Mitral Regurgitation - Semidebility

Immediate

Cardiac Failure

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. St. John M.D.

St Michaels
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

Not named Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
1908	12	8	Age	12
Sex	Color or Race	Black	Birth-place	St Michaels
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Howard Dennis			
Mother's Maiden Name	Lizzie Burke			
Name of person giving Information	Howard Dennis			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lagrippe

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

No physician in attendance
Walter Glavin, M.D. M.B.

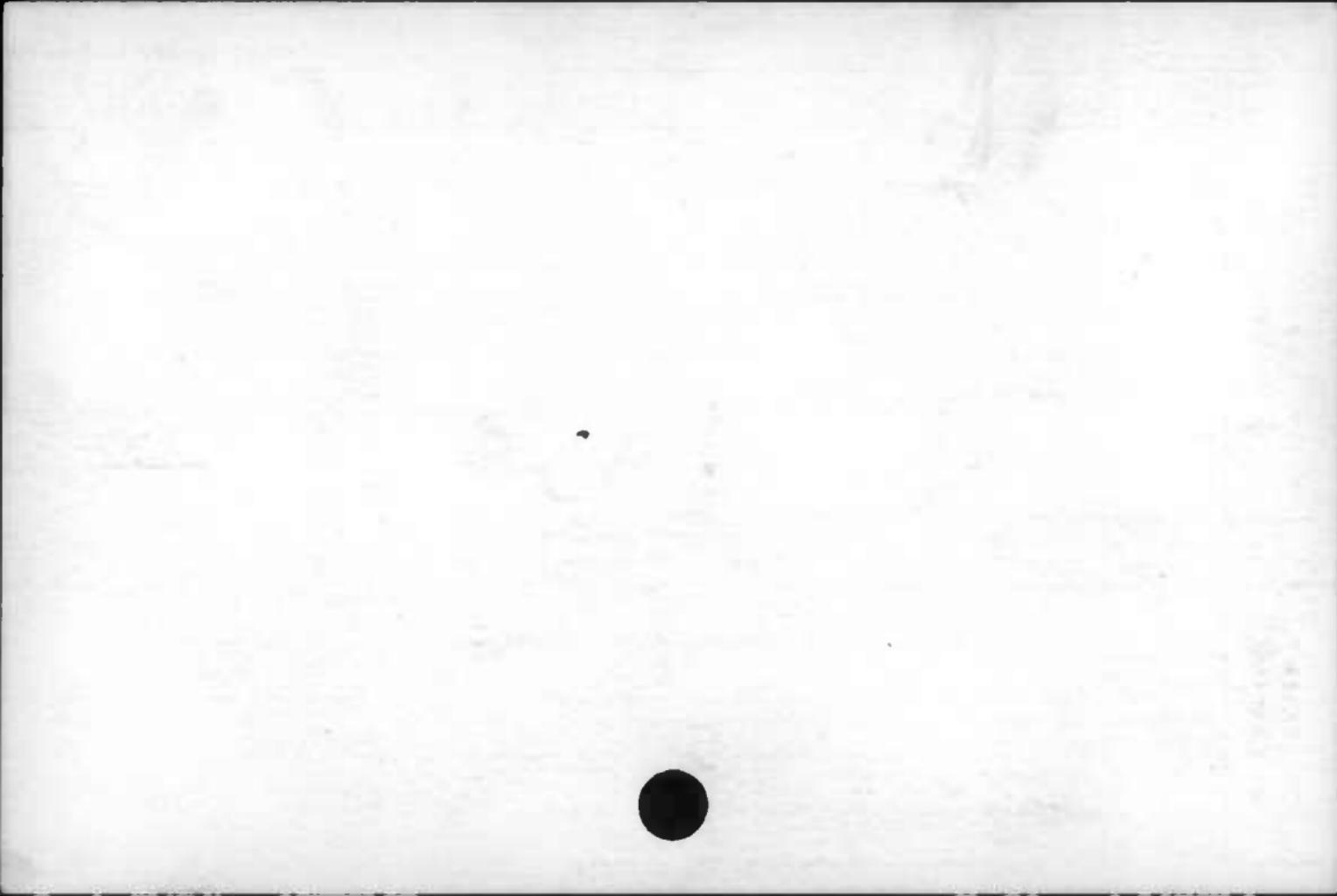
Accident or Suicide

Address

10

How long

four days



Name
in
Full

Thomas Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Dec	Day 14	Years 43	Months	—	Days
Sex	Male	Color or Race	Colored		Birth-place	Maryland	
Occupation	Gyplessman		Where Residing if not at place of death		St. Michaels		
Married, Single or Widowed	Widower	Name of Wife or Husband	Eleanor Dennis		Father's Birthplace	Maryland	
Father's Name	James Dennis				Mother's Birthplace	" "	
Mother's Maiden Name	Not Known				How related to deceased	Brother	
Name of person giving Information	David Dennis						

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

5 years

Immediate

Hemorrhage

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

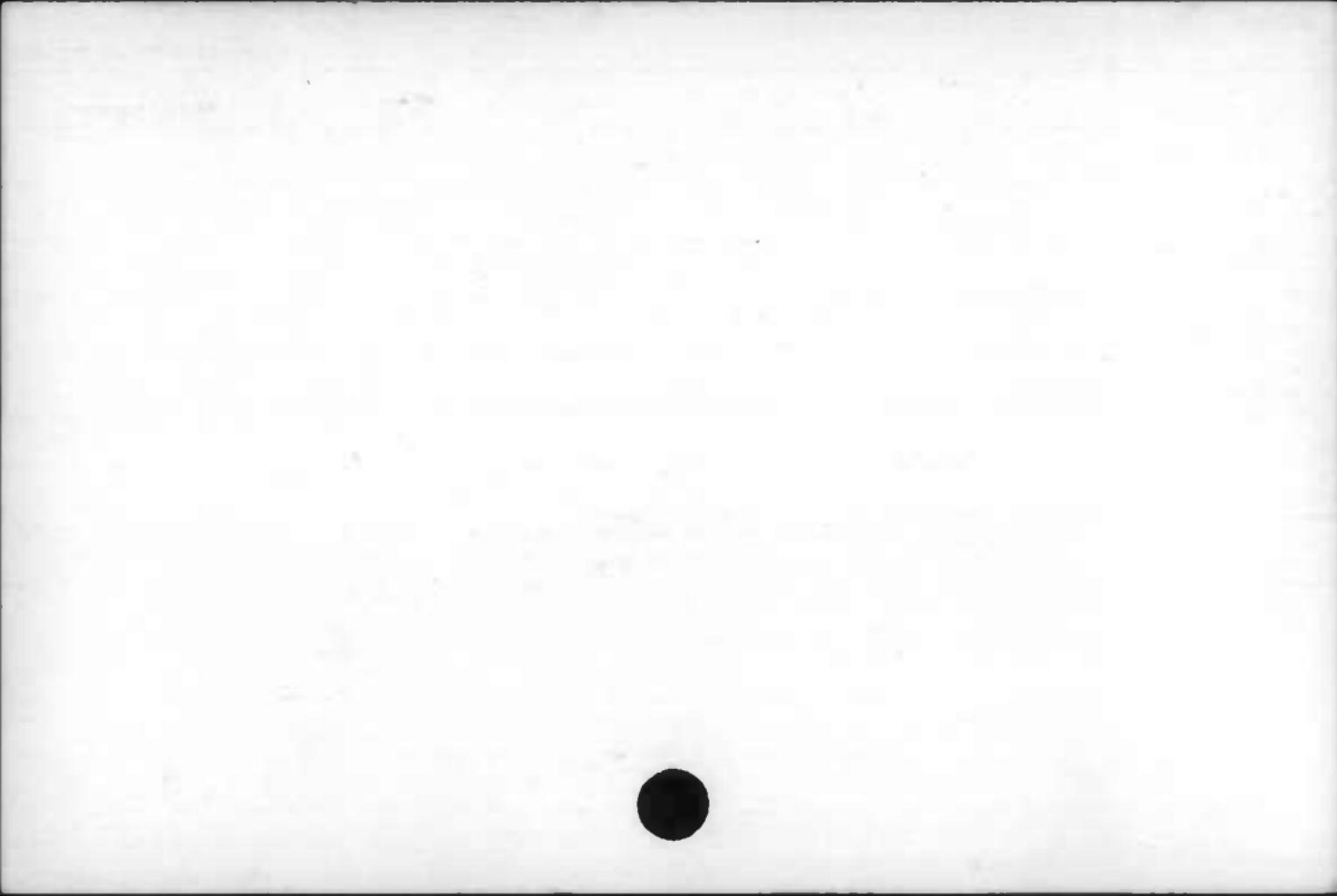
J. W. Davis

St. Michaels

MD

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Not Named Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at St. Michaels	Talbot	
Date of death 1908 Dec	Month	Day
Age 11	Years	Months
Sex Boy	Color or Race	White
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name Gary Evans	Father's Birthplace Don't Know	
Mother's Maiden Name Bessie Willis	Mother's Birthplace St. Michaels Md	
Name of person giving Information	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Prolonged labor

8
How long

Immediate

How long

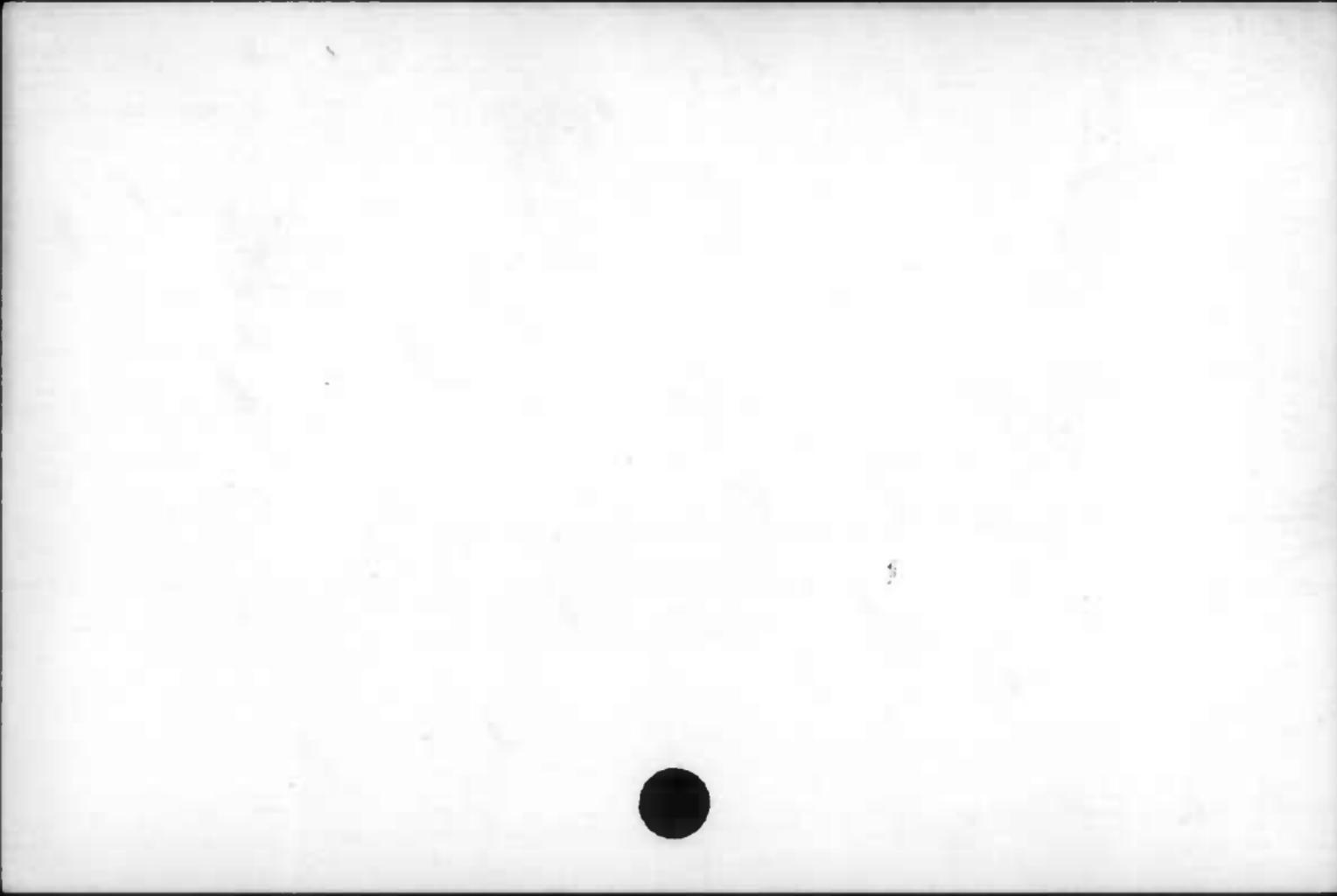
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

R. A. Woodson
St. Michaels Md

Accident or Suicide

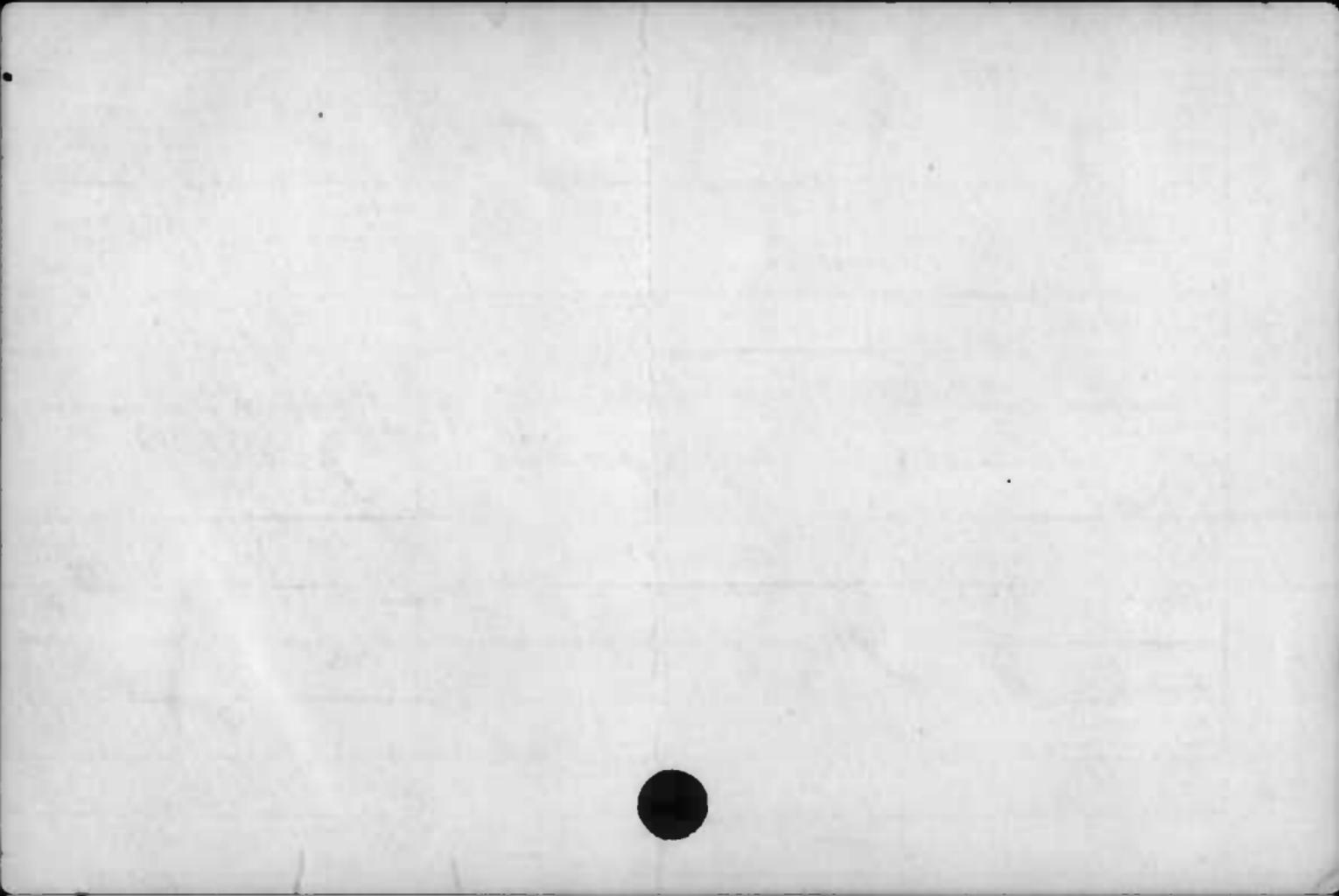


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Spilming Glasper						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	Year	Month	Day	Years	Months	Days	
1908	12	8	Age	43			
Sex	Female	Color or Race	Colored		Birth- place	Talbot Co. Md	
Occupation	Housewife						
Where Residing if not at place of death	Rd 1 James						
Married, Single or Widowed	Name of Wife or Husband	Richard R. James					
Father's Name	Nicholas J. James						
Mother's Maiden Name	Maggie L. Gochman						
Name of person giving Information	Chas A. Phillips						
CAUSES OF DEATH							
Primary	Nephritis, Intestinal						130
Immediate	Exhaustion						How long
Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician	Dr. Ford
Same deceased in July 08 not since Accident or Suicide?						Address	Londonderry



Name
in
Full

W^m Harry Gardner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Cordova.

County

Talbot

MARYLAND

Date
of death 1908

Month
Dec

Day
18

Years
20

Months
0

Days
A few minutes

Sex
Male

Color or
Race
Colored

Birth-
place
Cordova, Md

Occupation
None

Where Residing if not
at place of death
Cordova, Md

Married, Single
or Widowed
Single

Name of Wife or
Husband

Father's
Name
Charles. Gardner

Father's
Birthplace
Chapel Md

Mother's
Maiden Name
Mary Price

Mother's
Birthplace
Easton Md

Name of person giving
Information
Chas. Gardner

How related
to deceased
Father

CAUSES OF DEATH

152

How long

Primary

Asphyxiation - before arrival
of any attendant - was found lying
immediate with face in pool of water and had fire about neck.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

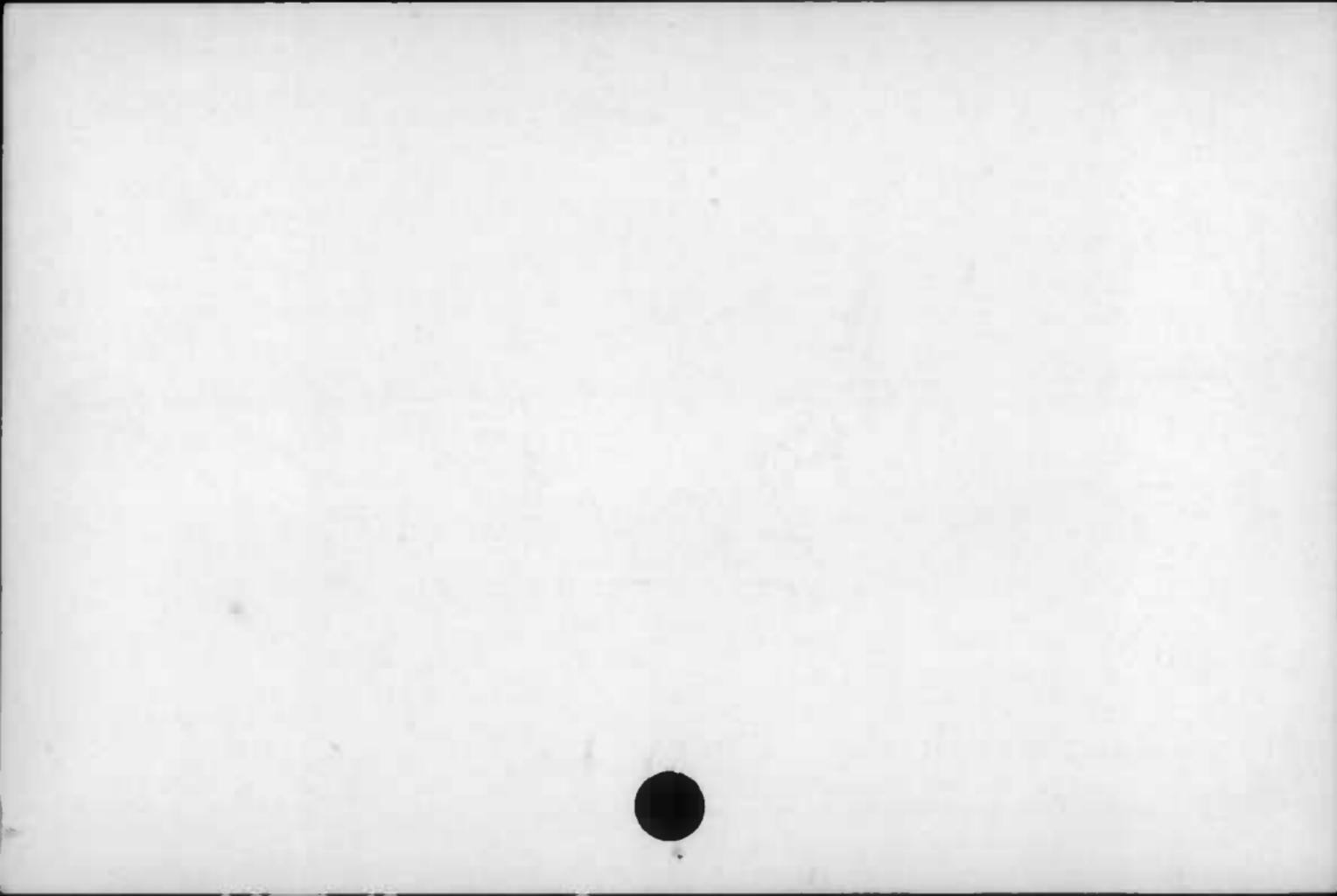
C. M. Stille M.D.

Address

Cordova.
Md.

Body was viewed with
Justice Smith

Accident or Suicide?



Name
in
Full

Still born Gould

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at McDanill		Fallston			
Date of death	1908	Month	Dec	Day	8
Age	Years		Months		Days
Sex	Male	Color or Race	White	Birthplace	McDanill
Occupation	Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harriet Thomas Gould				
Mother's Maiden Name	Lucilla Fish				
Name of person giving Information	Father's Birthplace Berlin Wis				
	Mother's Birthplace St. Paul				
	How Related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

⑧^{How long}

Immediate

How long

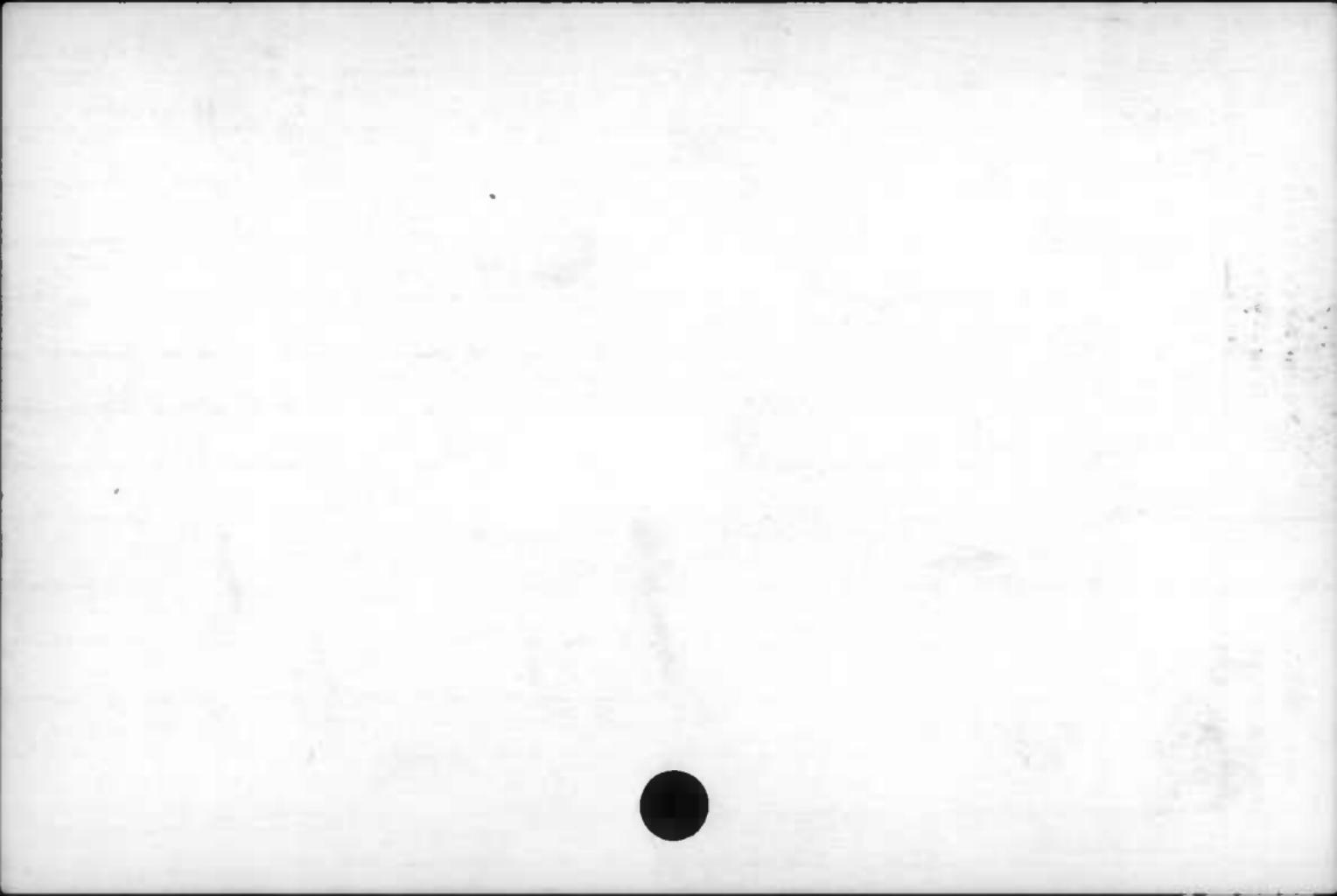
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Theo A. Schaeffer M.D.
St Michael,

Accident or Suicide



Name
in
Full

Margaret Elizabeth Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Sherwood		Salisbury			
Date of death	Month	Day	Years	Months	Days
1908	Dec	26	—	11	19
Sex	Female	Color or Race	White	Birth-place	Sherwood
Occupation	—	Where Residing If not at place of death			Sherwood
Married, Single or Widowed	—	Name of Wife or Husband			
Father's Name	Raymond Eric Harrison				Father's Birthplace
Mother's Maiden Name	Gladys Warner Bonner				Mother's Birthplace
Name of person giving Information	Raymond Harrison				How related to deceased

CAUSES OF DEATH

Primary

Measles

6

4 days

Immediate

Croupous Pneumonia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. K. Wilson

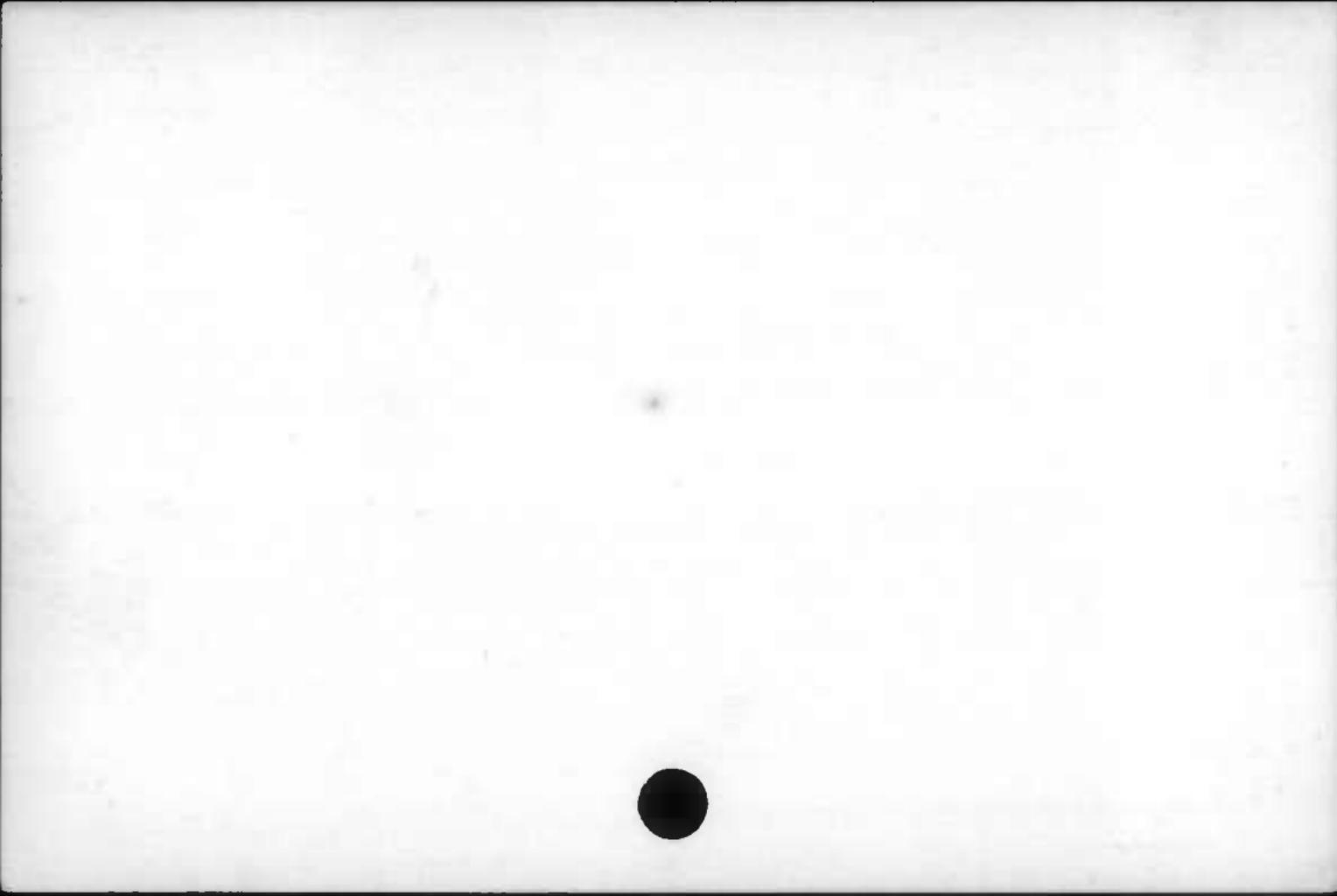
Address

Tillyland
Md

PHYSICIAN
OR CORONER

Accident or Suicide

No -



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Ella Hopkins		County		MARYLAND	
Died at	Town	Tolbot		County		MARYLAND	
Date of death	Month	Day	Years	Months		Days	
1908	Dec	18th	Age				
Sex	Female	Color or Race	White	Birth-place	Talbot County		
Occupation	Housework			Where Residing if not at place of death	Tolbot Co.		
Married, Single or Widowed	Married	Name of Wife or Husband	Thomas Hopkins	Father's Birthplace	Dunanne		
Father's Name	Henry Wilson			Mother's Birthplace	"		
Mother's Maiden Name	Ella Wilson			How related to deceased	Son		
Name of person giving Information	P. N. Hopkins			64			

CAUSES OF DEATH

Primary: Haematemesis & Sepsis
Immediate: Cordicæ Deterioration

Are the name, age, sex, color, date
and place correctly given above?

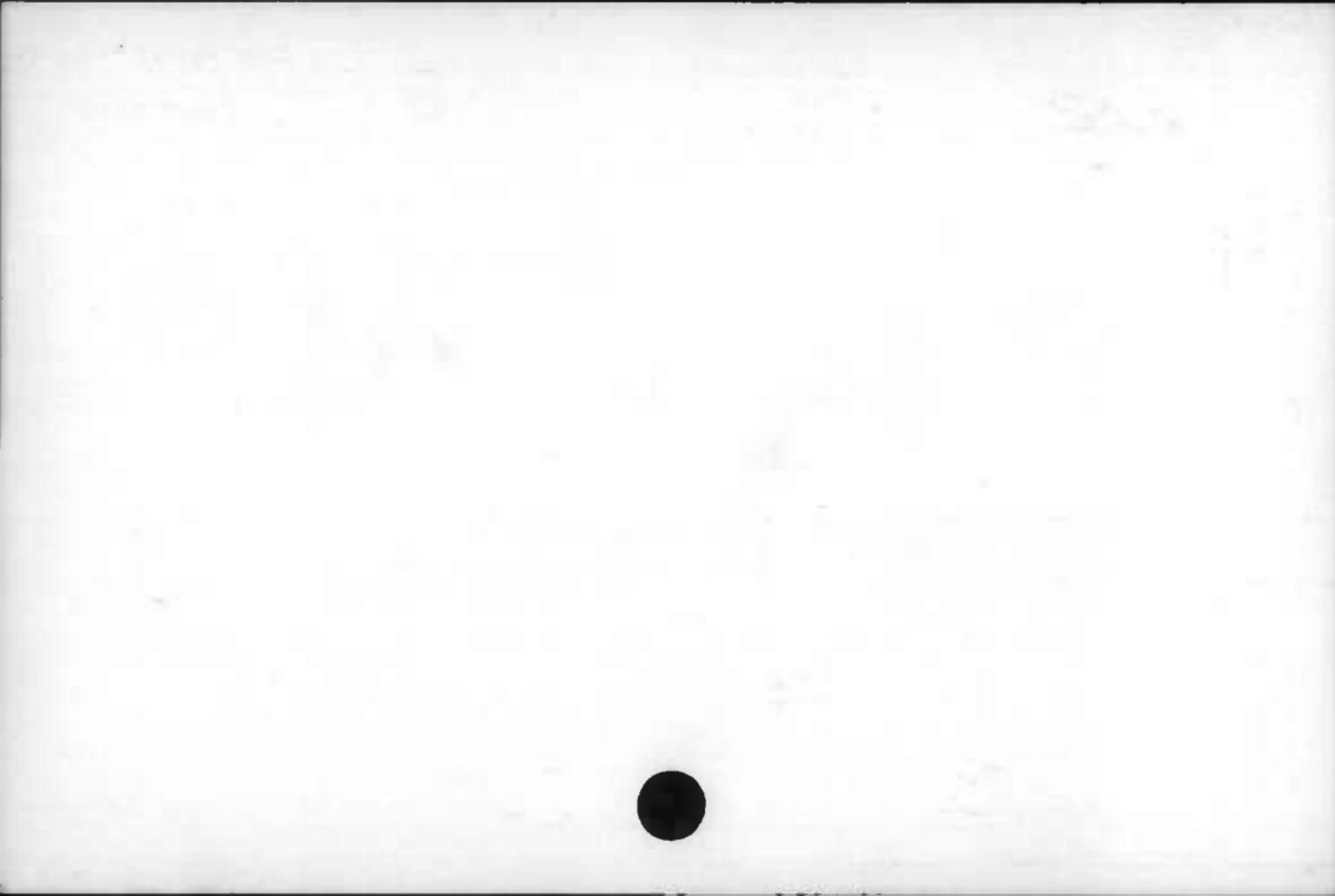
yes.

Signature of
Physician

Address

P. L. Hoovers.
Boston, Mass.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at John Jackson County St. Michael Talbot, MARYLAND
Date of death 1908 Month Aug Day 18 Age 55 Years 05 Months 05 Days 10
Sex Male Color or Race Colored Birth-place Talbot Co.
Occupation Clerk Where Residing if not at place of death Same
Married, Single or Widowed Single Name of Wife or Husband Carrie Cherry
Father's Name Thomas Jackson Father's Birthplace Talbot Co
Mother's Maiden Name Carrie Cherry Mother's Birthplace Talbot Co
Name of person giving information Thomas Jackson How related to deceased Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

1 mth

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr

John B. Sibley
St. Michael
Talbot Co.

PHYSICIAN
OR CORONER

Accident or Suicide?

11

Name
in
Full

Will Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Easton	Talbot			
Date of death	Month	Day	Year	Age	Months	Days
1908	12	5th	55	55		
Sex	male	Color or Race	White Black Easton Md.			
Occupation	Laborer					
Where residing if not at place of death						
Married, Single or Widowed	Widowed Malissa Johns					
Father's Name	Matthews Johns Unknown					
Mother's Maiden Name	Hester Ann Sparks Unknown					
Name of person giving Information	How related to deceased					

PHYSICIAN
OR CORONER

Primary

Alropsy due to Bright's 1 month

Immediate

Heart Failure

How long

120

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Robt Paycock
Easton Md.

Accident or Suicide

no





Name
in
Full

Herman Lorenz

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Dec	3	Age about 55	—	—	
Sex	Male	Color or Race	White	Birth-place	not known	
Occupation	Oyster Digger		Where Residing if not at place of death	Came here from Salts -		
Married, Single or Widowed	—	Name of Wife or Husband	not known	not known		
Father's Name	not known		Father's Birthplace	not known		
Mother's Maiden Name			Mother's Birthplace	not known		
Name of person giving information	Capt - Mrs. Parks		How related to deceased	not at all		

PHYSICIAN
OR CORONER

Primary

Inebriety -

CAUSES OF DEATH

56

How long

Immediate

Heart disease or failure

How long Suddenly

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

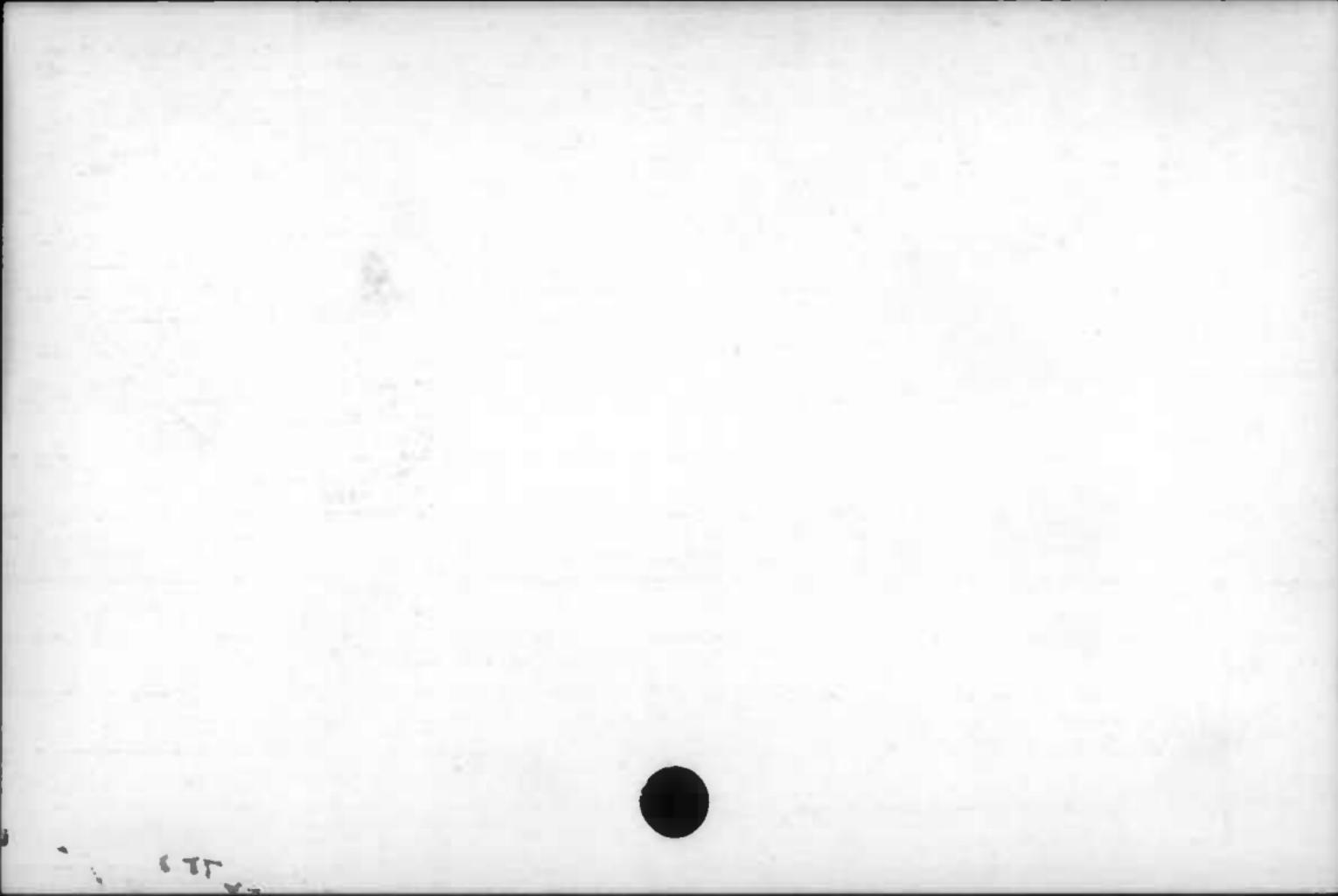
J. K. Wilson

Address

Lilgeman

Mid

Accident or Suicide?



Name
in
Full

John McGees

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Near Easton	Talbot			
Date of death	1908	Month Dec	Day 11	Years 75	Months	Days
Sex	Male	Color or Race	White	Birth-place	Ireland	
Occupation	Farmer			Where Residing if not at place of death	X	
Married, Single or Widowed	Married	Name of Wife or Husband	May McGees			
Father's Name	John McGees			Father's Birthplace	Ireland	
Mother's Maiden Name	Margaret Rooney			Mother's Birthplace	Ireland	
Name of person giving information	Maggy O'Donnell			How related to deceased	daughter	

CAUSES OF DEATH

40

Primary Cancer of the Pylorus

How long

not known

Immediate Extravasation

How long

7 or 8 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

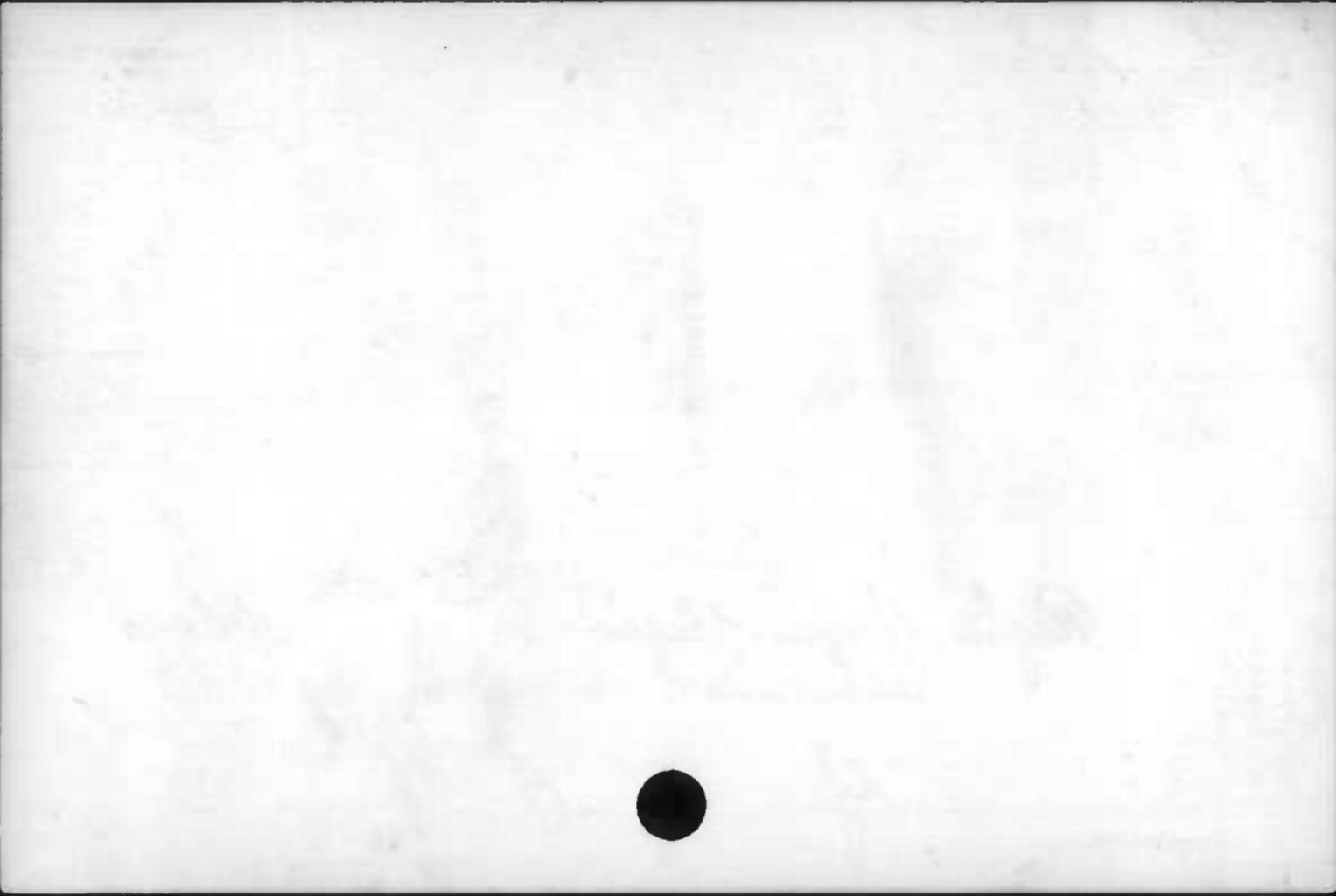
Signature of Physician

Address

Chas. J. Davidson
Easton, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

John

McMahon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died John Prepper Town

County
Salisbury

MARYLAND

Date Month Day Years Months Days
of death 1908 12 1 65 4 18

Sex Male Color or Race White Birthplace Salisbury Co., Md

Occupation Steam-boat agent Where Residing if not
at place of death

Married, Single or Widowed Married Name of Wife or Husband

Katherine Price

Father's Name Solomon McMahon

Father's Birthplace Md

Mother's Maiden Name Rebecca Truick

Mother's Birthplace Md

Name of person giving
Information

How related
to deceased

Primary

CAUSES OF DEATH

66

How long

Immediate

Right Hemiplegia
Exhaustion Coma

How long

4 days
4 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

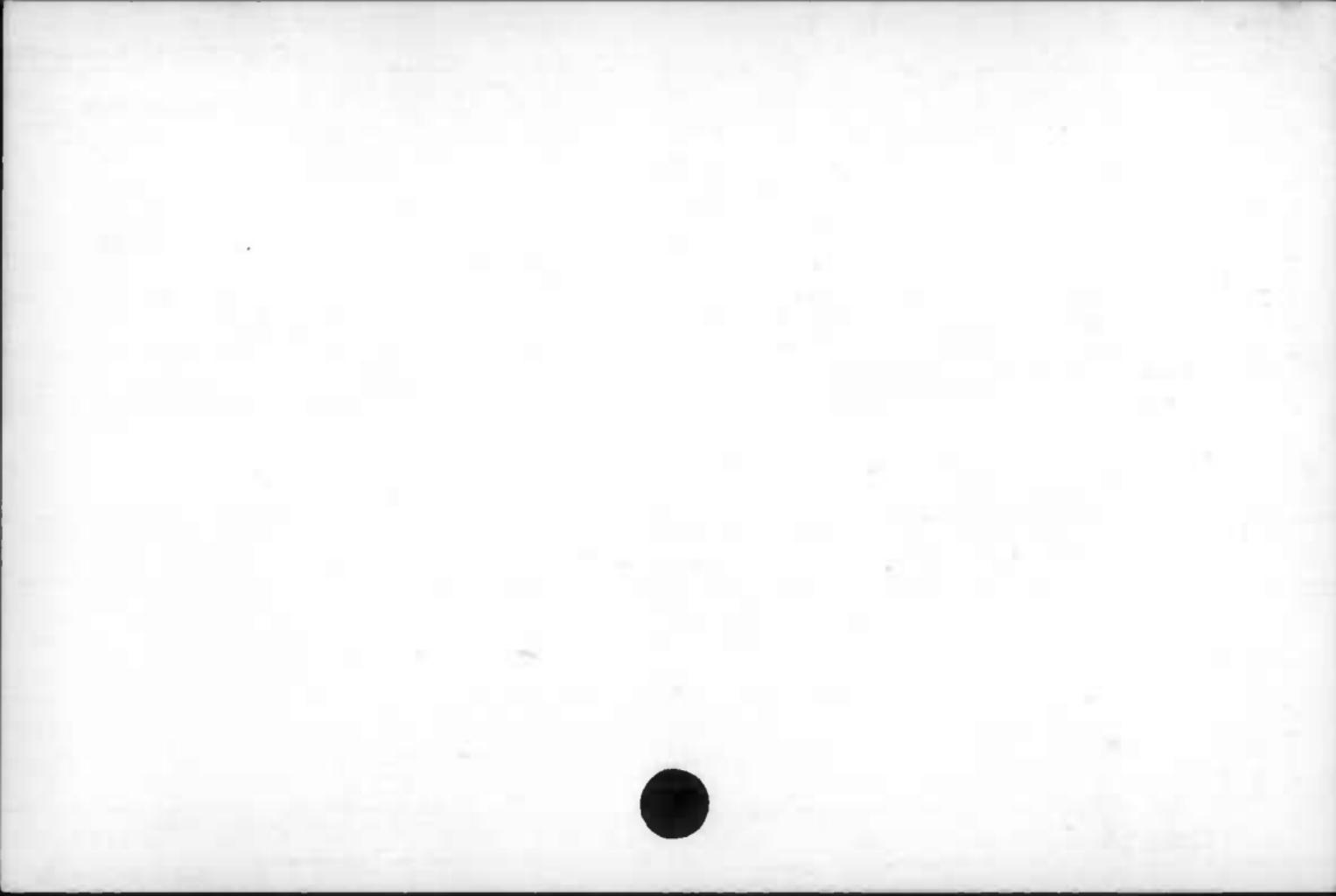
Signature of
Physician

Address

Yes

Joseph A. Ross, M.D.
John Prepper, Md

Accident or Suicide



Name
in
Full

Lizzie Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Dec	Day 12	Years 27	Month	Days
Sex	Female	Color or Race	Black	Birthplace	Talbot Co.,	
Occupation	Housework			Where Residing if not at place of death	Talbot Co.	
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Birthplace	Talbot Co.	
Father's Name	James Roberts			Mother's Birthplace	Talbot Co.	
Mother's Maiden Name	Alice Roberts			How related to deceased	Brother	
Name of person giving Information	Ben Roberts					

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary

abortion & retained placenta

How long

3 weeks.

Immediate

Septicemia

How long

3 weeks.

Are the name, age, sex, color, date and place correctly given above?

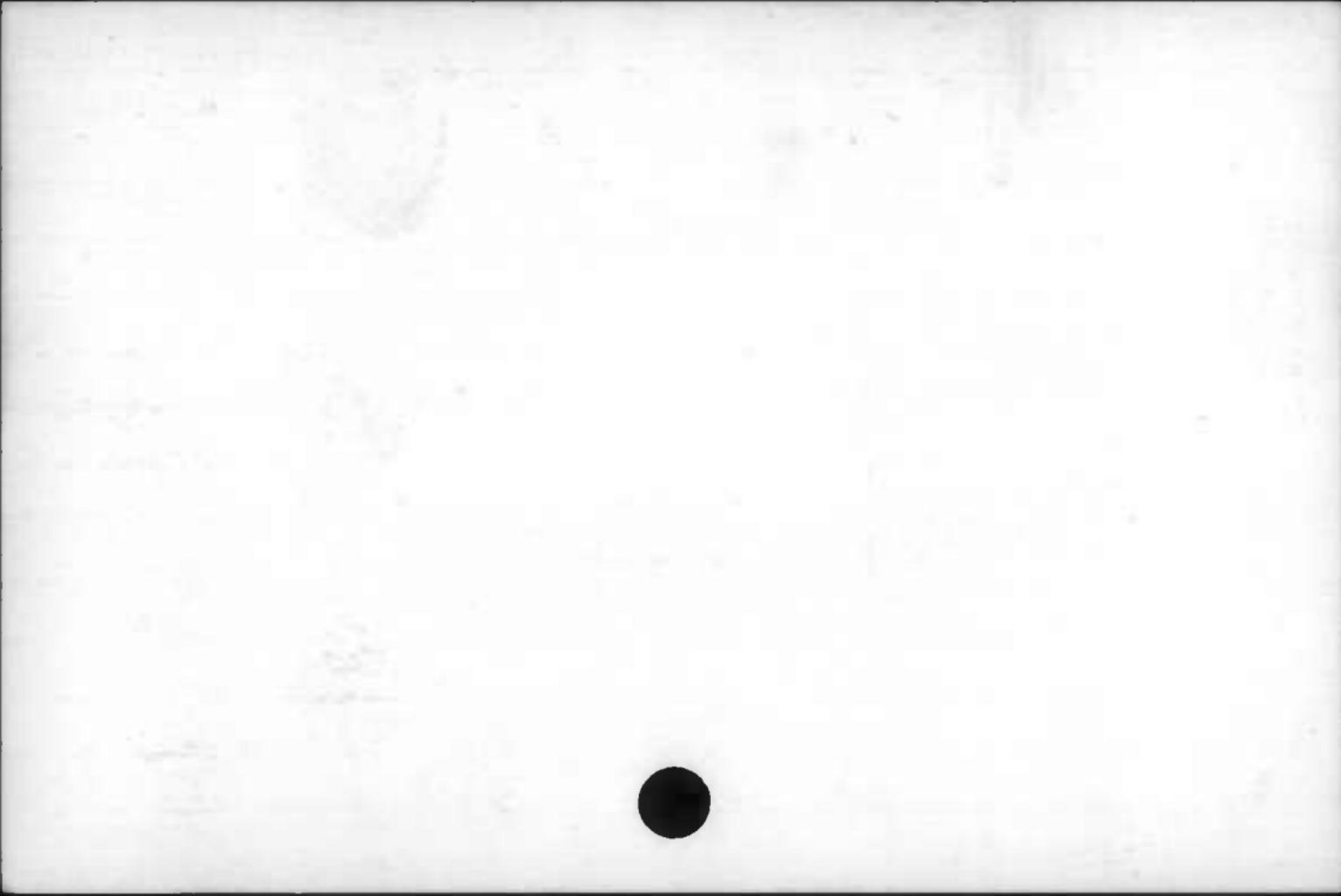
Signature of Physician

Address

P. L. Loavers.

Boston, Ind.

Accident or Suicide



Name
in
Full

Sarah A. Stitelberry

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1908	Month 12	Day 4	Age 65	Years 8	Months 8	Days 6
Sex	Female		Color or Race	white		Birth-place	Queen Anne
Occupation	Housewife		Where Residing if not at place of death			Easton	
Married, Single or Widowed	Widow		Name of Wife or Husband	W. G. Stitelberry			
Father's Name	Wm. Smith		Father's Birthplace			Queen Anne	
Mother's Maiden Name	Anthonia		Mother's Birthplace			Anthonia	
Name of person giving information	J. A. Stewart		How related to deceased			Mother-in-Law	

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary

Loss of the bowel.

How long

One year

Immediate

Dehydration

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

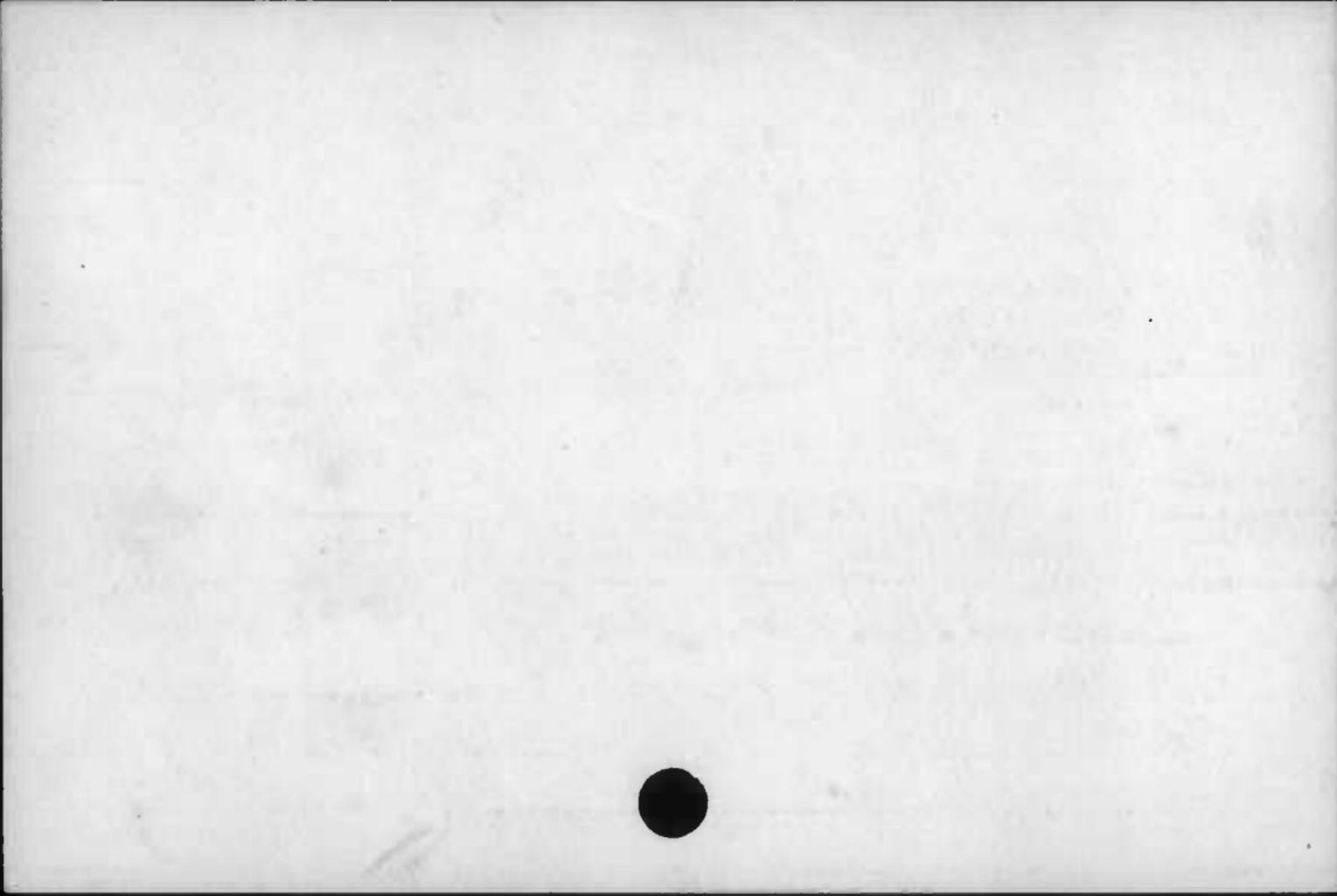
Address

J. A. Stevens
Easton

Accident or Suicide?

No

Md.



Name
in
Full

Violine Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Dec.	Day 12	Years 65	Months 0	Days 0
Sex	Female	Color or Race	Colored.			
Occupation	House work.				Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		James Taylor.			
Father's Name	James Young		Father's Birthplace Dorchester Co Md			
Mother's Maiden Name	Sallie Young		Mother's Birthplace Dorchester Co Md			
Name of person giving Information	Ellenore Banks.		How related to deceased Daughter			

CAUSES OF DEATH

79

How long

6 months

How long

1 week.

PHYSICIAN
OR CORONER

Primary

Heart Dis. & Gen Ability

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

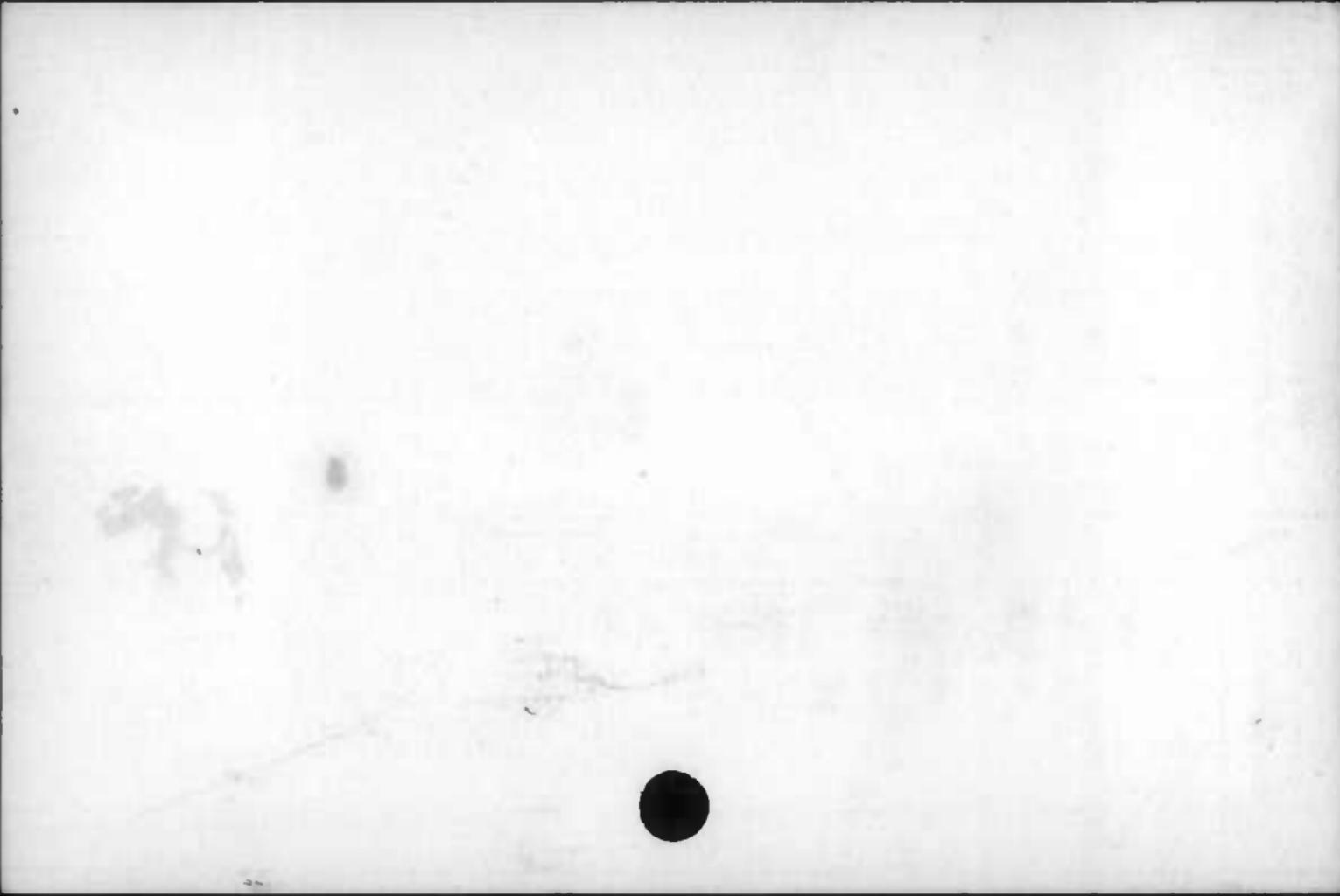
Yes

Signature of Physician

Address

J. M. Eckard, M.D.
Offord, Md.

Accident or Suicide?



Name
in
Full

David Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Dec	Day 30	Years 20	Months	Days
Sex	male	Color or Race	White	Birthplace Don't Know		
Occupation	Sailor	Where Residing if not at place of death			Oxford	
Married, Single or Widowed	Single	Name of Wife or Husband	Don't Know			
Father's Name	Don't Know			Father's Birthplace	Don't Know	
Mother's Maiden Name	Don't Know			Mother's Birthplace	Don't Know	
Name of person giving information	Husband Roger			How related to deceased	none	

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary

Oxford

How long

Don't Know

Immediate

Oxford

How long

Don't Know

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. M. Eades

Oxford

Accident or suicide?

Accident

